

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 98194-2

Registered No. 98195

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Globe or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
Ward \_\_\_\_\_

2. Full name of child Paul Matthew Comer { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes. 7. Date of birth 2 25 28  
Month Day Year

8. FATHER  
Full name Paul M. Comer

9. Residence (Usual place of abode) Globe  
If non-resident, give place and state.

10. Color or race Wm. 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) W. U.S.  
(State or country)

13. Occupation  
Nature of Industry Chiropractor

14. MOTHER  
Full maiden name Agnes Skurdal

15. Residence (Usual place of abode) Globe  
If non-resident, give place and state.

16. Color or race W. 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) W. Dak.  
(State or country)

19. Occupation  
Nature of Industry Sp.

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was alive at 7:30 P. m. on the date above stated  
(Born alive or stillborn.)

Signature C. H. Perkins  
(Physician or midwife).  
Address Min.  
Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_

Filed 3/10, 19 28 W. U.S. Registrar  
739-225-123